U.S. Potent and Treatment Office; U.S. DEPARTMENT OF CONCUERCE

PATENT APPLICATION FEE DETERMINATION RECORD Subciduo for Form PTO-873 Effective December 8, 2004										App	AppContton or Doctict Number		
APPLICATION AS FILED - PART I (Catumn 1) (Catumn 2) SMALL ENTITY										OA	OTHER THAN SMALL ENTITY		
r	FOR		NUMBER FILED		D Nau	NUMBER EXTRA		RATE (8) FEE (8)		7	RATE (8)	γ	
BASIC FEE (37 CFR 1 16(0), (b), or (c))			NA			N/A		N/A	150.00	╣	N/A	300.00	
SEARCH FEE (37 CFR 1 18(1), (1), (2) (14)) EXAMINATION FEE (37 CFR 1 18(1), (1), (2)			N/A			NIA		N/A	8250	-	N/A	8500	
			N/A			N/A :		N/A	\$100	╣	N/A	\$200	
TOTAL CLAIMS			JA minus 20 o					25 .	1 9.00		YCEA	-	
(37 OFR 1 18(1)) INDEPENDENT CLAIMS			.,					166		┦∞	7/200	 	
(3)	7 OFR 1 18(h))		If the specification and drawings excee			s exceed 100	∄		\ <u> </u>	-	Actor .		
FE	PRICATION SIZ E CFR 1 16(0))	E ;	sheets of paper, the application is to 8250 (\$125 for small entity) for additional 50 sheets or fraction th 35 U.S.C. 41(a)(1)(G) and 37 CFI			n size fee due for each thereof. See					·		
MULTIPLE DEPENDENT CLASS PRESENT (37 CFR 1 16(j))							1	180-	1		♦360°		
* If the difference in column 1 is less than zero, enter "O" in column 2.								OTAL			TOTAL		
APPLICATION AS AMENDED - PART II													
(Column 1) (Column 2) (Column 3)								SMALL	ENTITY	OR		R THAN ENTITY	
AMENDMENT A	9/15/05	REMA	VIMS VINING TER DWENT		MIGKEST NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA	R	TE (S)	ADDI- TIONAL FEE (8)		RATE (\$)	ADDI- TIONAL FEE (3)	
	Total (37 CFA 1.1Qi))	. 1	Ч	Minus	20	•	XS.	25 .		OR	X850 .		
	Independent (27 CFR 1.18(h))		1	Minus	·- 3	1	XI	00 _		OR	X200 _)	
	Application.Size Fee (37 CFR 1.16(s))												
_	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM (37 CFR 1.16(i))							30=		OR	♦360s		
······································							TOTA ADD	AL L FEE		OR	TOTAL ADD'L FEE		
_		(Colum			(Column 2)	(Column 3)	r=====						
⋖╓		CLAI REMAI AFTI AMEND	NING ER		HIGHEST NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA	RA	re (8)	ADDI- TIONAL FEE (8)		RATE (\$)	ADDI- TIONAL FEE (\$)	
	Total pr cfR 1.1হ্য)	•		Minus	••	=	X S	25 .		OR	XS50 .		
	Indopondent (37 CFR 1.16(b))	•		Minus	000	0	XIC	00 .		OR ·	x200 .		
	Application Size Fee (37 CFR 1.16(s))									OR .			
	FIRST PRESENTATION OF MALTIPLE DEPENDENT CLAIM (37 CFR 1.180)						♦98	30=		OR	+360=		
								L FEE		OR	TOTAL ADD'L FEE		
•	"If the "Highest N	bumber Pro	winush P	eld For	M THIS SPACE	le "O" in column 3 is tess then 20, o is less then 3, ont	nter 200	زك	 J		L		

The Highest Number Previously Paid For IN THIS SPACE is less than 3, enter "3".

The Highest Number Previously Paid For (Total or independent) is the highest number found in the appropriate box in column 1.

This collection of information is required by 37 CFR 1.16. The information is required to obtain or retain a banefit by the public which is to file (and by the USPTO to process) on application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 12 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments in the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patient and Tradomark Office, U.S. Department of Commence, P.O. Box 1450, Alexandria, VA 22313-1450, DO NOT SEND FEES OR COMPLETED FORMS TO THIS UDDRESS. SEND TO: Commissioner for Patients of the USP 1480 Alexandria, VA 23949-4/460 ODRESS. SEND TO: Commissioner for Patents, P.O. Box 1460, Alexandria, VA 22313-1460.